
The Impact of Disease on Hawai'i's History

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The matrix of health, disease and history of the Kānaka Maoli people covers four eras: (1) from time immemorial of Pō to the 1778 return of Lono or chance arrival of the first European explorers; (2) the period of western and eastern contact and colonialism with collapse of the old Kānaka society; (3) the 1893 US armed invasion until the 1983 US Native Hawaiians Study Commission and 1985 E Ola Mau Reports; and (4) current healing of a wounded people through collective Kānaka Maoli cultural revitalization and self-determination.

From Kumulipo (dark source), with the mating of Wākea sky father and Papa earth mother, all in the cosmos were derived in orderly sequence as living, conscious and communicating. After kalo, was born Hāloa, the common ancestor of all Kānaka. Over centuries via canoe, Kānaka settled the dispersed islands of Ka Moananui (Pacific). In Ka Pae'āina, c100 AD, Kānaka embodied 'ohana and aloha 'āina in evolving ahupua'a, the basic geographic, self-sufficient, economic, social and political ecosystem regulated by kānāwai (natural law) to maintain pono.

c1200 AD, Kānaka proliferated over the next 500 years in healthy isolation from contagious epidemic infections elsewhere, attaining a thriving peak population of c400,000-800,000. Main ailments were trauma, degenerative disorders, atopy, focal infections, rare cancer, 'awa excess, mild plant "poisoning," uncommon mental illnesses and congenital defects.

Balanced nutrition, vigorous physical activity, strict sanitation, refined medical practices, cooperative production of food and shelter, cross-generation education and arts were based on timeless spiritual concepts: lōkahi, pono, mana, pālua, kinolau, 'aumākua, piko 'ekolu, hā, mauili, 'uhane, ola, wailua and ea. These promoted holistic wellness and disease prevention. Heiau ho'ōla (healing temples) were centers of research, education and specialty care. Beginning with Cook's accidental landing in 1778, western and eastern contact initiated five interrelated, inimical and continuing impacts on Kānaka Maoli: (1) indigenous depopulation and foreign immigration; (2) colonial exploitation; (3) cultural conflict; (4) native acquisition of harmful foreign ways; and (5) dominant society neglect and malice.

Initial decimation beginning in 1778-1779 was due to gonorrhea, syphilis, respiratory infections, tuberculosis, alcohol and firearms. Then, 1804 infectious diarrheas, 1824 coughs, 1826 coughs and congestion; 1832 coughs and measles; 1839 mumps, 1840 leprosy, 1848 measles, pertussis, diarrhea and influenza; 1850 coughs; and 1853-1881 four smallpox epidemics. Surviving in 1881 were c45,000 natives, c10,000 Chinese and c3,000 whites.

1859 founding of Queen's Hospital for Kānaka Maoli failed to stem the devastation. There followed in 1870 scarlatina, 1888 pertussis, 1889 measles, dysentery and 1890 diphtheria.

Meanwhile, the onset of Euro-American 1815 cattle ranching, 1820 whaling, 1826 US-forced Sandalwood Treaty, 1835 sugar plantations, 1840 Hawaiian Kingdom constitutional monarchy and 1848-1850 Māhele land privatization alienated more than 70% of Kānaka Maoli from their sacred 'āina (lands).

US missionaries in 1820 began coercive assimilation which exacerbated Kānaka Maoli cultural conflict. Kānaka acquired pernicious, as well as beneficial, foreign lifestyle ways, while colonial economic aggression accentuated Kānaka Maoli despair. When Kānaka Maoli refused sugar plantation work in a 1841 strike, the haole oligarchy initiated 1847 vagrancy laws and importation of Chinese contract laborers in 1852, Japanese in 1868, Koreans in 1903 and Filipinos in 1906.

1875 US-Ka Pae'āina Reciprocity Treaty's largess of rising sugar profits tightened haole economic, political, socio-cultural domination. Kalākaua's reassertions of Kānaka Maoli culture and power were reversed by the haole-imposed 1887 Bayonet Constitution.

In 1893, haole businessmen with the support of US naval troops toppled Lili'uokalani, proclaimed a Provisional Government and, in 1894, a Republic of Hawai'i. US forced annexation of Ka Pae'āina in 1898 and took 1.8 million acres of Kānaka Maoli crown and government lands.

Honolulu cholera epidemic in 1895 and Chinatown bubonic plague in 1899 reflected crowded unsanitary conditions.

By 1900, Kānaka Maoli had declined to a nadir of 37,656, and they were outnumbered by 61,111 Japanese, 25,767 Chinese and 28,819 white foreigners.

Under the new US Territory of Hawai'i, although Kānaka Maoli gained ballot control of the legislature and elected Kānaka Robert Kalani Wilcox as delegate-to-Congress, the US president appointed only haole governors and judges. Asian immigrants initially were denied voting.

In 1909, Governor Walter Frear privatized Queen's Hospital and terminated free medical care for indigent sick and disabled Kānaka Maoli. Haole physicians and businessmen acquired control of Kapi'olani Maternity Home from wāhine (female) Kānaka Maoli of the Ho'ōla Lāhui Society.

1918 influenza, 1928 meningitis, 1936 measles were major fatal acute epidemics with highest rates for Kānaka Maoli, then Asian immigrants and lowest for haole.

1921 US Hawaiian Homes Commission Act set aside 200,000

acres of arid "ceded" (US-stolen) Kanaka Maoli lands for 50% blood-quantum Kanaka Maoli homesteading, to protect hao-le-leased sugar lands. Over the subsequent 70 years, less than 7,000 Kanaka Maoli families were awarded less than 25% of these lands. More than 20,000 eligible Kānaka Maoli remained on the waiting list, while 70% of the lands were assigned to non-Kānaka Maoli, such as the military.

In the 1930s, heart disease, stroke and cancer began to replace tuberculosis, pneumonia and gastro-intestinal affections as leading causes of death. However, Kānaka Maoli continued to have the highest morbidity, mortality and shortest life expectancy.

1941 Pearl Harbor bombing focused World War II on Ka Pae'āina and the Pacific. Martial law, expanding military bases, and masses of immigrant defense workers from the US continent further Americanized the island economy, politics and culture and marginalized Kānaka Maoli. Post-war economic boom, rise of Asian GI bill-educated island professionals, 1959 statehood, tourism, Korean and Vietnam wars aggravated displacement of less-educated Kānaka Maoli from jobs and from rural kīpuka (enclaves). US civil rights activism inspired modern Kanaka Maoli kū'ē (protest) movement. 1971 Kalama Valley eviction, 1972 ALOHA reparations demands, 1976 Kaho'olawe occupation, 1978 Hōkūle'a voyage, Kanaka Maoli music, hula, language resurgence and creation of OHA as a state agency culminated in 1983 Native Hawaiians Study Commission Report to US Congress. Reagan appointees' Majority Report concluded no US responsibility for the 1893 overthrow of the Hawaiian monarchy. Kanaka Maoli Minority Report strongly disagreed and recommended reparations.

1975 UH medical school graduated first class of 62 MDs, including four Kānaka Maoli.

1985 E Ola Mau Health Needs Study Report detailed worst health

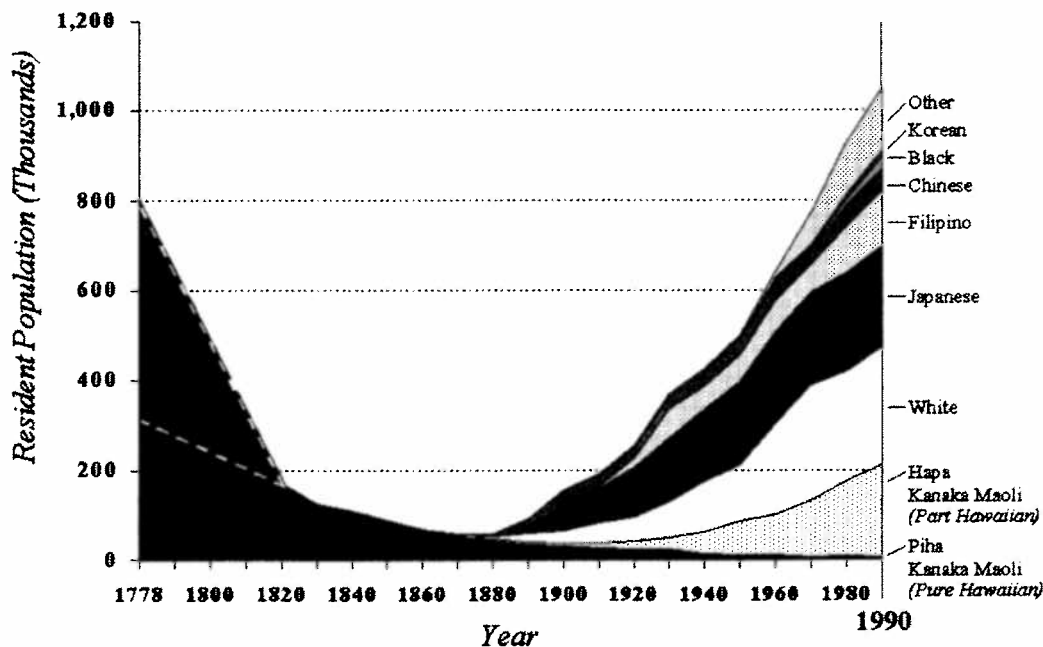
profile for Kānaka Maoli. Causal historical-societal-environmental, as well as individual lifestyle, factors were cited. Advocated were holistic cultural healing, collective Kanaka Maoli self-responsibility, self-sufficiency, self-determination and return of Kanaka Maoli lands.

1988 US Congress Native Hawaiian Health Care Act authorized Papa Ola Lōkahi and five Native Hawaiian Health Care Centers (Systems). Emphasis was on health promotion, disease prevention and primary care, with involvement of traditional practitioners and cultural health educators. Health Professions Scholarship Program funded western professional training.

1993 US Congress Apology Resolution (PL 103-150) acknowledged: US 1893 armed invasion; US role in overthrow of Kingdom; US violation of treaties and international law; US suppression of Kanaka Maoli inherent sovereignty and right to self-determination; Kanaka Maoli health and well-being tied to their lands; economic and social changes devastating to health and well-being of Kānaka Maoli; Kānaka Maoli never relinquished their claims to their inherent sovereignty or over their national lands to the US; Kānaka Maoli are determined to preserve, develop and transmit to future generations their ancestral territory and their cultural identity with their own spiritual and traditional beliefs, customs, practices, language and social institutions.

In 1999, UH School of Medicine Native Hawaiian Center of Excellence reported a total of 201 Kanaka Maoli MDs; 147, 76% UH graduates; 143, 5% of island 2500 licensed MDs; 59, 28%, in continental US; 60% in primary care, 40% specialists; 50% urban and 50% rural. Thus, UH had significantly increased the number of practicing Kanaka Maoli MDs, and half were in rural areas where there are more Kānaka Maoli in need.

Ka Pae'āina Resident Population by Ethnicity, 1778-1990



Source: R. Nordyke 1989 and Hawaii's State Department of Health 1992